Campaign Finance Tracking Form for Local Election Officials

Call OCPF with campaign finance questions at 617-979-8300 Candidate or Committee Marianne haborge Pre-Preliminary Pre-Election 30-Day Year-End Report: Organization / Providing Materials / Notification * Organizational form provided to candidate or committee (M101, M101BQ, M101PC) Campaign finance report form provided to candidate or committee (M102) Summary of the campaign finance law provided (OCPF guide booklet) Filing notice (includes reporting dates, due dates and language concerning late fines) Pre-Preliminary Pre-Election 30-Day Year-end *All forms, guides and notices can be delivered by e-mail **Inspecting Reports** The campaign finance law requires local election officials to "inspect" M102 and M102-0 campaign finance reports within 30 days of a due date. Correct dates for the relevant reporting period Signatures Positive ending balance If the M102-0 form is filed, the candidate does not have a committees and has not received any contributions, made any expenditures or incurred any obligations during the reporting period, and does not have a campaign fund in existence. Contributions (Monetary receipts and in-kind contributions) Names and Addresses for contributions of more than \$50 Occupation and Employer for contributions of \$200 or more No contributions from corporations, business partnerships, LLCs or LLPs No contributions from individuals for more than \$1,000 (see OCPF's limits chart for other limits) Expenditures Vendor Names and Addresses for expenditures of more than \$50 Purpose information is disclosed Reimbursements form (R-1s) filed for reimbursements Date of Inspection 10/01/01



Form CPF M 102: Campaign Finance Report V E Municipal Form

Office of Campaign and Political Finance

OCT 1 8 2021

	File with: City of Town Clerk of Election Commission
Fill in Reporting Period dates: Beginning Date:	1-2021 Ending Date: 10-15-2021.
Type of Report: (Check one)	
☐ 8th day preceding preliminary	30 day after election year-end report dissolution
Committee to Cleet Maissnortalage Candidate Full Name (if applicable)	Committe to Eld Maisson Jahrye. Erica Jekanowski
Office Sought and District Florence, L98-Wastbarryslaw Rd., Mass. Residential Address	Name of Committee Treasurer 698-Washangton TPA Floresco Mass. Committee Mailing Address
E-mail:	E-mail:
Phone # (optional): 4/3-534-7937.	Phone # (optional): 413-584-7937
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	2,940.25
Line 2: Total receipts this period (page 3, line 11)	.68
Line 3: Subtotal (line 1 plus line 2)	2,940.93
Line 4: Total expenditures this period (page 5, line	614) 695,94
Line 5: Ending Balance (line 3 minus line 4)	2,244.99
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used: Northa	instan Cooperative Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best cactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	intributions and liabilities for this reporting period and represents the assessing
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accommittee in activity and liabilities nor made any expenditures on my behalf during this reporting process.	pest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or op behalf of this Signed under the penalties of perjury:	pest of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7			
Line 9: Total Receip	ts over \$50 (or listed above)	Ø	
Line 10: Total Receip	ots \$50 and under* (not listed above)	.680	Interest
Line 11: TOTAL RI	ECEIPTS IN THE PERIOD	.684	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
		,		
			·	
			,	
ne 9: Total Receip	ts over \$50 (or listed above)	0		
Line 10: Total Receipts \$50 and under* (not listed above)		Ø		
ine 11: TOTAL RE	ECEIPTS IN THE PERIOD	Ø	Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
(6.10.2)	East Coast printing	Hingham, MA 2008	coraplost sisks	695.94
			(
		Line 12: Total Expenditures ov	er \$50 (or listed above)	695.9
		Line 13: Total Expenditures \$50 and under* (not listed above)		
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	495.9

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$5	50 (or listed above)	8
		Line 13: Expenditures \$50 and	l under* (not listed above)	Ø
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	Ø

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
7				
b				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	Ø
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	Ø
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	Ø

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	,			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDI	NG LIABILITIES (ALL)	Ø